

AMENDED IN ASSEMBLY AUGUST 17, 2015

AMENDED IN SENATE APRIL 7, 2015

**SENATE BILL**

**No. 118**

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**Introduced by Senator Liu**

*(Principal coauthor: Assembly Member Ridley-Thomas)*

January 14, 2015

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An act to amend Sections 124174, 124174.2, and 124174.6 of the Health and Safety Code, and to amend Section 1 of Chapter 381 of the Statutes of 2008, relating to public health.

LEGISLATIVE COUNSEL'S DIGEST

SB 118, as amended, Liu. School-Based Health and Education Partnership Program.

Existing law requires the State Department of Public Health, in cooperation with the State Department of Education, to establish a Public School Health Center Support Program to assist health centers in schools and school districts. Existing law establishes a grant program within the Public School Health Center Support Program to provide technical—~~assistance~~; *assistance* and funding for the expansion, renovation, and retrofitting of existing school health centers and the development of new school health centers. These provisions also provide funding for sustainability grants in amounts between \$25,000 and \$125,000. Existing law authorizes school health centers to provide physical, mental, and oral health assessments, screenings, and services.

This bill would rename the program the School-Based Health and Education Partnership Program. The bill would instead provide funding for the expansion and renovation of existing school health centers. The bill would change the amount of the sustainability grants that are available pursuant to the program to between \$50,000 and \$100,000,

but would make those grants available on a one-time basis and would revise the purposes for which they may be used. The bill would also authorize population health grants in amounts between \$50,000 and \$125,000 for a funding period of up to 3 years, as specified. The bill would authorize school health centers to provide alcohol and substance abuse assessments, screening, and services.

*This bill would incorporate additional changes in Section 124174.6 of the Health and Safety Code proposed by AB 766 that would become operative if this bill and AB 766 are both chaptered and become effective on or before January 1, 2016, and this bill is chaptered last.*

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1     SECTION 1. Section 124174 of the Health and Safety Code  
2     is amended to read:  
3     124174. The following definitions govern the construction of  
4     this article, unless the context requires otherwise:  
5     (a) “Program” means the School-Based Health and Education  
6     Partnership Program.  
7     (b) “School health center” means a center or program, located  
8     at or near a local educational agency, that provides age-appropriate  
9     health care services at the program site or through referrals. A  
10    school health center may conduct routine physical health, mental  
11    health, alcohol and substance abuse, and oral health assessments,  
12    and provide referrals for any services not offered onsite. A school  
13    health center may serve two or more nonadjacent schools or local  
14    educational agencies.  
15    (c) For purposes of this section, “local educational agency”  
16    means a school, school district, charter school, or county office of  
17    education if the county office of education serves students in  
18    kindergarten, or any grades from 1 to 12, inclusive.  
19    (d) “Department” means the State Department of Public Health.  
20    SEC. 2. Section 124174.2 of the Health and Safety Code is  
21    amended to read:  
22    124174.2. (a) The department, in cooperation with the State  
23    Department of Education, shall establish the School-Based Health  
24    and Education Partnership Program.

(b) The program, in collaboration with the State Department of Education, shall perform the following program functions:

(1) Provide technical assistance to school health centers on effective outreach and enrollment strategies to identify children who are eligible for, but not enrolled in, the Medi-Cal program, Covered California, or any other applicable health insurance affordability program for children.

(2) Serve as a liaison between organizations within the department, including, but not limited to, prevention services, primary care, and family health.

(3) Serve as a liaison between other state entities, as appropriate, including, but not limited to, the State Department of Health Care Services, the Department of Managed Health Care, and the Office of Emergency Services.

(4) Provide technical assistance to facilitate and encourage the establishment, retention, or expansion of, school health centers. For purposes of this paragraph, technical assistance may include, but is not limited to, identifying available public and private sources of funding, which may include federal Medicaid funds, funds from third-party reimbursements, and available federal or foundation grant moneys.

(c) The department shall consult with interested parties and appropriate stakeholders, including the California School-Based Health Alliance and representatives of youth and parents, in carrying out its responsibilities under this article.

SEC. 3. Section 124174.6 of the Health and Safety Code is amended to read:

124174.6. The department shall establish a grant program within the School-Based Health and Education Partnership Program to provide technical assistance, funding for the expansion and renovation of existing school health centers, and the development of new school health centers, in accordance with the following procedures and requirements:

(a) A school health center receiving grant funds pursuant to this section shall meet or have a plan to meet the following requirements:

(1) Strive to provide a comprehensive set of ~~services~~ *services*, including medical, oral health, mental health, alcohol and substance abuse, health education, and related services in response to community needs.

(2) Provide primary and other health care services, provided or supervised by a licensed professional, which may include all of the following:

(A) Physical examinations, immunizations, and other preventive medical services.

(B) Diagnosis and treatment of minor injuries and acute medical conditions.

(C) Management of chronic medical conditions.

(D) Basic laboratory tests.

(E) Referrals to and followup for specialty care.

(F) Reproductive health services.

(G) Nutrition services.

(H) Mental health and alcohol and substance abuse services provided or supervised by an appropriately licensed mental health or alcohol and substance abuse professional may include: assessments, crisis intervention, counseling, treatment, and referral to a continuum of services including emergency psychiatric care, evidence-based mental health or alcohol and substance abuse treatment services, community support programs, inpatient care, and outpatient programs. School health centers providing mental health and alcohol and substance abuse services as specified in this section shall consult with the local county behavioral health department for collaboration in planning and service delivery.

(I) Oral health services that may include preventive services, basic restorative services, and referral to specialty services.

(3) Strive to address the population health of the entire school campus by focusing on prevention services, such as group and classroom education, schoolwide prevention programs, and community outreach strategies.

(4) Strive to provide integrated and individualized support for students and families and to act as a partner with the student or family to ensure that health, social, or behavioral challenges are addressed.

(5) Work in partnership with the school nurse, if one is employed by the local educational agency, to provide individual and family health education; school or districtwide health promotion; first aid and administration of medications; facilitation of student enrollment in health insurance programs; screening of students to identify the need for physical health, mental health, alcohol and substance abuse, and oral health services; referral and linkage to

1 services not offered onsite; public health and disease surveillance;  
2 and emergency response procedures. A school health center may  
3 receive grant funding pursuant to this section if the local  
4 educational agency does not employ a school nurse. However, it  
5 is not the intent of the Legislature that a school health center serve  
6 as a substitute for a school nurse employed by a local educational  
7 agency.

8 (6) Have a written contract or memorandum of understanding  
9 between the local educational agency and the health care provider  
10 or any other community providers that ensures coordination of  
11 services, ensures confidentiality and privacy of health information  
12 consistent with applicable federal and state laws, and *ensures*  
13 integration of services into the school environment.

14 (7) Serve all registered students in the school regardless of  
15 ability to pay.

16 (8) Be open during all normal school hours, or on a more limited  
17 basis if resources are not available, or on a more expansive basis  
18 if dictated by community needs and resources are available.

19 (9) Establish protocols for referring students to outside services  
20 when the school health center is closed.

21 (10) Facilitate transportation between the school and the health  
22 center if the health center is not located on local educational agency  
23 property.

24 (b) Planning grants shall be available in amounts between  
25 twenty-five thousand dollars (\$25,000) and fifty thousand dollars  
26 (\$50,000) for a 6- to 12-month period to be used for the costs  
27 associated with assessing the need for a school health center in a  
28 particular community or area, and developing the partnerships  
29 necessary for the operation of a school health center in that  
30 community or area. Applicants for planning grants shall be required  
31 to have a letter of interest from a local educational agency if the  
32 applicant is not a local educational agency. Grantees provided  
33 funding pursuant to this subdivision shall be required to do all of  
34 the following:

35 (1) Seek input from students, parents, school nurses, school  
36 staff and administration, local health providers and, if applicable,  
37 special population groups on community health needs, barriers to  
38 health care, and the need for a school health center.

39 (2) Collect data on the school and community to estimate the  
40 percentage of students that lack health insurance and the percentage

1 that are eligible for Medi-Cal benefits, or other public programs  
2 providing free or low-cost health services.

3 (3) Assess capacity and interest among health care providers in  
4 the community to provide services in a school health center.

5 (4) Assess the need for specific cultural or linguistic services  
6 or both.

7 (c) Facilities and startup grants shall be available in amounts  
8 between twenty thousand dollars (\$20,000) and two hundred fifty  
9 thousand dollars (\$250,000) per year for a three-year period for  
10 the purpose of establishing a school health center, with the potential  
11 addition of one hundred thousand dollars (\$100,000) in the first  
12 year for facilities construction, purchase, or renovation. Grant  
13 funds may be used to cover a portion or all of the costs associated  
14 with designing, retrofitting, renovating, constructing, or buying a  
15 facility, for medical equipment and supplies for a school health  
16 center, or for personnel costs at a school health center. Preference  
17 will be given to proposals that include a plan for cost sharing  
18 among schools, health providers, and community organizations  
19 for facilities construction and renovation costs. Applicants for  
20 facilities and startup grants offered pursuant to this subdivision  
21 shall be required to meet the following criteria:

22 (1) Have completed a community assessment determining the  
23 need for a school health center.

24 (2) Have a contract or memorandum of understanding between  
25 the local educational agency and the health care provider, if other  
26 than the local educational agency, and any other provider agencies  
27 describing the relationship between the local educational agency  
28 and the school health center.

29 (3) Have a mechanism, described in writing, to coordinate  
30 services to individual students among school and school health  
31 center staff while maintaining confidentiality and privacy of health  
32 information consistent with applicable state and federal laws.

33 (4) Have a written description of how the school health center  
34 will participate in the following:

35 (A) School and districtwide health promotion, coordinated  
36 school health, health education in the classroom or on campus,  
37 program/activities that address nutrition, fitness, or other important  
38 public health issues, or promotion of policies that create a healthy  
39 school environment.

1 (B) Outreach and enrollment of students in health insurance  
2 programs.

3 (C) Public health prevention, surveillance, and emergency  
4 response for the school population.

5 (5) Have the ability to provide the linguistic or cultural services  
6 needed by the community. If the school health center is not yet  
7 able to provide these services due to resource limitations, the school  
8 health center shall engage in an ongoing assessment of its capacity  
9 to provide these services.

10 (6) Have a plan for maximizing available third-party  
11 reimbursement revenue streams.

12 (d) Sustainability grants shall be available on a one-time basis  
13 in amounts between fifty thousand dollars (\$50,000) and one  
14 hundred thousand dollars (\$100,000) for the purpose of developing  
15 new and leveraging existing funding streams to support a  
16 sustainable funding model for school health centers. Examples of  
17 existing funding streams include local educational agency funds  
18 available under the local control funding formula, the federal  
19 Patient Protection and Affordable Care Act (Public Law 111-148),  
20 or the Mental Health Services Act. Applicants for sustainability  
21 grants offered pursuant to this subdivision shall be required to  
22 meet all of the criteria described in subdivision (c), in addition to  
23 both of the following criteria:

24 (1) The applicant shall be eligible to become or already be an  
25 approved Medi-Cal provider.

26 (2) The applicant shall have the ability and procedures in place  
27 for billing public insurance programs and managed care providers.

28 (3) The applicant shall seek reimbursement and have procedures  
29 in place for billing public and private insurance that covers students  
30 at the school health center.

31 (e) Population health grants shall be available in amounts  
32 between fifty thousand dollars (\$50,000) and one hundred  
33 twenty-five thousand dollars (\$125,000) for a funding period of  
34 up to three years to fund interventions to implement population  
35 health outcomes and target specific health or education risk ~~factors~~  
36 *factors*, including, but not limited to, obesity prevention programs,  
37 asthma prevention programs, early intervention for mental health,  
38 and alcohol and substance abuse prevention. Applicants for  
39 population health grants offered pursuant to this subdivision shall  
40 be required to meet all of the criteria described in subdivision (c).

(f) The department shall award technical assistance grants through a competitive bidding process to qualified contractors to support grantees receiving grants under subdivisions (b), (c), (d), and (e). A qualified contractor means a vendor with demonstrated capacity in all aspects of planning, facilities development, startup, and operation of a school health center.

(g) The department shall also develop a request for proposal (RFP) process for collecting information on applicants, and determining which proposals shall receive grant funding. The department shall give preference for grant funding to the following schools:

(1) Schools in areas designated as federally medically underserved areas or in areas with medically underserved populations.

(2) Schools with a high percentage of low-income and uninsured children and youth.

(3) Schools with large numbers of limited English proficient (LEP) students.

(4) Schools in areas with a shortage of health professionals.

(5) Low-performing schools with Academic Performance Index (API) rankings in the deciles of three and below of the state.

(h) Moneys shall be allocated to the department annually for evaluation to be conducted by an outside evaluator that is selected through a competitive bidding process. The evaluation shall document the number of grantees that establish and sustain school health centers and describe the challenges and lessons learned in creating successful school health centers. The evaluator shall use data collected pursuant to Section 124174.3, if it is available, and work in collaboration with the School-Based Health and Education Partnership Program. The department shall post the evaluation on its Internet Web site.

(i) This section shall be implemented only to the extent that funds are appropriated to the department in the annual Budget Act or other statute for implementation of this article.

*SEC. 3.5. Section 124174.6 of the Health and Safety Code is amended to read:*

124174.6. The department shall establish a grant program within the ~~Public School Health Center Support~~ *School-Based Health and Education Partnership Program* to provide technical assistance, ~~and funding for the expansion, renovation, expansion~~



1 and ~~retrofitting~~ *renovation* of existing school health centers, and  
2 the development of new school health centers, in accordance with  
3 the following procedures and requirements:

4 (a) A school health center receiving grant funds pursuant to this  
5 section shall meet or have a plan to meet the following  
6 requirements:

7 (1) Strive to provide a comprehensive set of ~~services~~ *services*,  
8 including medical, oral health, mental health, *alcohol and*  
9 *substance abuse*, health education, and related services in response  
10 to community needs.

11 (2) Provide primary and other health care services, provided or  
12 supervised by a licensed professional, which may include all of  
13 the following:

14 (A) Physical examinations, immunizations, and other preventive  
15 medical services.

16 (B) Diagnosis and treatment of minor injuries and acute medical  
17 conditions.

18 (C) Management of chronic medical conditions.

19 (D) Basic laboratory tests.

20 (E) Referrals to and followup for specialty care.

21 (F) Reproductive health services.

22 (G) Nutrition services.

23 (H) Mental health *and alcohol and substance abuse* services  
24 provided or supervised by an appropriately licensed mental health  
25 *or alcohol and substance abuse* professional may include:  
26 assessments, crisis intervention, counseling, treatment, and referral  
27 to a continuum of services including emergency psychiatric care,  
28 *evidence-based mental health or alcohol and substance abuse*  
29 *treatment services*, community support programs, inpatient care,  
30 and outpatient programs. School health centers providing mental  
31 health *and alcohol and substance abuse* services as specified in  
32 this section shall consult with the local county ~~mental behavioral~~  
33 health department for collaboration in planning and service  
34 delivery.

35 (I) Oral health services that may include preventive services,  
36 basic restorative services, and referral to specialty services.

37 (3) *Strive to address the population health of the entire school*  
38 *campus by focusing on prevention services, such as group and*  
39 *classroom education, schoolwide prevention programs, and*  
40 *community outreach strategies.*

1 (4) *Strive to provide integrated and individualized support for*  
2 *students and families and to act as a partner with the student or*  
3 *family to ensure that health, social, or behavioral challenges are*  
4 *addressed.*

5 ~~(3)~~

6 (5) Work in partnership with the school nurse, if one is employed  
7 by ~~the school or school district~~, *local educational agency*, to  
8 provide individual and family health education; school or  
9 districtwide health promotion; first aid and administration of  
10 medications; facilitation of student enrollment in health insurance  
11 programs; screening of students to identify the need for ~~physical,~~  
12 *physical health*, mental health, *alcohol and substance abuse*, and  
13 oral health services; referral and linkage to services not offered  
14 onsite; public health and disease surveillance; and emergency  
15 response procedures. A school health center may receive grant  
16 funding pursuant to this section if ~~the school or school district~~  
17 *local educational agency* does not employ a school nurse.  
18 However, it is not the intent of the Legislature that a school health  
19 center serve as a substitute for a school nurse employed by a local  
20 ~~school or school district~~. *educational agency.*

21 ~~(4)~~

22 (6) Have a written contract or memorandum of understanding  
23 between ~~the school district~~ *local educational agency* and the health  
24 care provider or any other community providers that ensures  
25 coordination of services, ensures confidentiality and privacy of  
26 health information consistent with applicable federal and state  
27 laws, and *ensures* integration of services into the school  
28 environment.

29 ~~(5)~~

30 (7) Serve all registered students in the school regardless of  
31 ability to pay.

32 ~~(6)~~

33 (8) Be open during all normal school hours, or on a more limited  
34 basis if resources are not available, or on a more expansive basis  
35 if dictated by community needs and resources are available.

36 ~~(7)~~

37 (9) Establish protocols for referring students to outside services  
38 when the school health center is closed.

39 ~~(8)~~

1 (10) Facilitate transportation between the school and the health  
2 center if the health center is not located on ~~school or school district~~  
3 *local educational agency* property.

4 (b) Planning grants shall be available in amounts between  
5 twenty-five thousand dollars (\$25,000) and fifty thousand dollars  
6 (\$50,000) for a 6- to 12-month period to be used for the costs  
7 associated with assessing the need for a school health center in a  
8 particular community or area, and developing the partnerships  
9 necessary for the operation of a school health center in that  
10 community or area. Applicants for planning grants shall be required  
11 to have a letter of interest from a ~~school or district~~ *local educational*  
12 *agency* if the applicant is not a ~~local education~~ *educational* agency.  
13 Grantees provided funding pursuant to this subdivision shall be  
14 required to do all of the following:

15 (1) Seek input from students, parents, school nurses, school  
16 staff and administration, ~~local health providers, and~~ *providers and*,  
17 if applicable, special population ~~groups;~~ *groups* on community  
18 health needs, barriers to health ~~care~~ *care*, and the need for a school  
19 health center.

20 (2) Collect data on the school and community to estimate the  
21 percentage of students that lack health insurance and the percentage  
22 that are eligible for Medi-Cal benefits, or other public programs  
23 providing free or low-cost health services.

24 (3) Assess capacity and interest among health care providers in  
25 the community to provide services in a school health center.

26 (4) Assess the need for specific cultural or linguistic services  
27 or both.

28 (c) Facilities and startup grants shall be available in amounts  
29 between twenty thousand dollars (\$20,000) and two hundred fifty  
30 thousand dollars (\$250,000) per year for a three-year period for  
31 the purpose of establishing a school health center, with the potential  
32 addition of one hundred thousand dollars (\$100,000) in the first  
33 year for facilities construction, purchase, or renovation. Grant  
34 funds may be used to cover a portion or all of the costs associated  
35 with designing, retrofitting, renovating, constructing, or buying a  
36 facility, for medical equipment and supplies for a school health  
37 center, or for personnel costs at a school health center. Preference  
38 will be given to proposals that include a plan for cost sharing  
39 among schools, health providers, and community organizations  
40 for facilities construction and renovation costs. Applicants for

1 facilities and startup grants offered pursuant to this subdivision  
2 shall be required to meet the following criteria:

3 (1) Have completed a community assessment determining the  
4 need for a school health center.

5 (2) Have a contract or memorandum of understanding between  
6 ~~the school district~~ *local educational agency* and the health care  
7 provider, if other than the ~~district~~, *local educational agency*, and  
8 any other provider agencies describing the relationship between  
9 ~~the district~~ *local educational agency* and the school health center.

10 (3) Have a mechanism, described in writing, to coordinate  
11 services to individual students among school and school health  
12 center staff while maintaining confidentiality and privacy of health  
13 information consistent with applicable state and federal laws.

14 (4) Have a written description of how the school health center  
15 will participate in the following:

16 (A) School and districtwide health promotion, coordinated  
17 school health, health education in the classroom or on campus,  
18 program/activities that address nutrition, fitness, or other important  
19 public health issues, or promotion of policies that create a healthy  
20 school environment.

21 (B) Outreach and enrollment of students in health insurance  
22 programs.

23 (C) Public health prevention, surveillance, and emergency  
24 response for the school population.

25 (5) Have the ability to provide the linguistic or cultural services  
26 needed by the community. If the school health center is not yet  
27 able to provide these services due to resource limitations, the school  
28 health center shall engage in an ongoing assessment of its capacity  
29 to provide these services.

30 (6) Have a plan for maximizing available third-party  
31 reimbursement revenue streams.

32 (d) Sustainability grants shall be available *on a one-time basis*  
33 ~~in amounts between twenty-five fifty thousand dollars (\$25,000)~~  
34 ~~(\$50,000) and one hundred twenty-five thousand dollars (\$125,000)~~  
35 ~~per year for a three-year period (\$100,000) for the purpose of~~  
36 ~~operating a school health center, or enhancing programming at a~~  
37 ~~fully operational school health center, including oral health or~~  
38 ~~mental health services.~~ *developing new and leveraging existing*  
39 *funding streams to support a sustainable funding model for school*  
40 *health centers. Examples of existing funding streams include local*

1 *educational agency funds available under the local control funding*  
2 *formula, the federal Patient Protection and Affordable Care Act*  
3 *(Public Law 111-148), or the Mental Health Services Act.*

4 Applicants for sustainability grants offered pursuant to this  
5 subdivision shall be required to meet all of the criteria described  
6 in subdivision (c), in addition to both of the following criteria:

7 (1) The applicant shall be eligible to become or already be an  
8 approved Medi-Cal provider.

9 (2) The applicant shall have ability and procedures in place for  
10 billing public insurance programs and managed care providers.

11 (3) The applicant shall seek reimbursement and have procedures  
12 in place for billing public and private insurance that covers students  
13 at the school health center.

14 (e) *Population health grants shall be available in amounts*  
15 *between fifty thousand dollars (\$50,000) and one hundred*  
16 *twenty-five thousand dollars (\$125,000) for a funding period of*  
17 *up to three years to fund interventions to implement population*  
18 *health outcomes and target specific health or education risk*  
19 *factors, including, but not limited to, obesity prevention programs,*  
20 *asthma prevention programs, early intervention for mental health,*  
21 *and alcohol and substance abuse prevention. Applicants for*  
22 *population health grants offered pursuant to this subdivision shall*  
23 *be required to meet all of the criteria described in subdivision (c).*

24 ~~(e)~~

25 (f) The department shall award technical assistance grants  
26 through a competitive bidding process to qualified contractors to  
27 support grantees receiving grants under subdivisions (b), (c), (d),  
28 and ~~(d)~~ (e). A qualified contractor means a vendor with  
29 demonstrated capacity in all aspects of planning, facilities  
30 development, startup, and operation of a school health center.

31 ~~(f)~~

32 (g) The department shall also develop a request for proposal  
33 (RFP) process for collecting information on applicants, and  
34 determining which proposals shall receive grant funding. The  
35 department shall give preference for grant funding to the following  
36 schools:

37 (1) Schools in areas designated as federally medically  
38 underserved areas or in areas with medically underserved  
39 populations.

1 (2) Schools with a high percentage of low-income and uninsured  
2 children and ~~youth~~; *youth or children and youth who receive free*  
3 *or low-cost insurance through Medi-Cal.*

4 (3) Schools with large numbers of ~~limited-English-proficient~~  
5 *limited-English-proficient* (LEP) students.

6 (4) Schools in areas with a shortage of health professionals.

7 (5) Low-performing schools with Academic Performance Index  
8 (API) rankings in the deciles of three and below of the state.

9 ~~(g)~~

10 (h) Moneys shall be allocated to the department annually for  
11 evaluation to be conducted by an outside evaluator that is selected  
12 through a competitive bidding process. The evaluation shall  
13 document the number of grantees that establish and sustain school  
14 health ~~centers~~; *centers* and describe the challenges and lessons  
15 learned in creating successful school health centers. The evaluator  
16 shall use data collected pursuant to Section 124174.3, if it is  
17 available, and work in collaboration with the ~~Public School Health~~  
18 ~~Center Support~~ *School-Based Health and Education Partnership*  
19 Program. The department shall post the evaluation on its Internet  
20 Web site.

21 ~~(h)~~

22 (i) This section shall be implemented only to the extent that  
23 funds are appropriated to the department in the annual Budget Act  
24 or other statute for implementation of this article.

25 SEC. 4. Section 1 of Chapter 381 of the Statutes of 2008 is  
26 amended to read:

27 Section 1. The Legislature finds and declares all of the  
28 following:

29 (a) (1) School health centers provide quality, age and  
30 developmentally appropriate primary health care and other support  
31 services on or near a public school campus.

32 (2) School health centers are primarily located in areas where  
33 children are underserved, lack health insurance, and face significant  
34 barriers to care.

35 (3) School health centers provide an optimal setting to promote  
36 healthy lifestyles such as good nutrition and fitness and provide  
37 preventive health care services such as obesity prevention to  
38 children and families.

39 (4) School health centers increase access to care, reduce health  
40 disparities and provide potential savings through better preventive

1 care and reduced emergency department utilization, drug  
2 utilization, and inpatient treatment services.

3 (5) Children do better in school if they are healthy and have  
4 received all of their immunizations and preventive annual exams.

5 (6) School health centers can be integral to providing the entire  
6 school community with prevention and health integration services  
7 by working collaboratively with school staff and administrators  
8 to meet the spectrum of health and prevention needs in a school  
9 community.

10 (7) School health centers have proven to be particularly  
11 important to the Latino population, with recent estimates showing  
12 that approximately 49 percent of youth served at high school health  
13 centers and 66 percent of children served at elementary school  
14 health centers, are Latino.

15 (8) School health centers support educational achievement, help  
16 increase attendance rates, and allow educational resources to be  
17 more effectively targeted toward learning.

18 (9) The federal Patient Protection and Affordable Care Act  
19 (Public Law 111-148) contains provisions that recognize the  
20 importance of school health centers in the delivery of quality,  
21 affordable health care and that would call for their expansion.  
22 Under the health care reform, California is developing new  
23 strategies to increase access to health care and reduce health care  
24 costs through investing in prevention services. School health  
25 centers are important sites through which to increase child and  
26 adolescent access to health care services and early identification  
27 of chronic diseases, such as asthma or obesity, and high-risk  
28 behaviors, such as mental health disorders, substance abuse, and  
29 teen pregnancy, that significantly impact health care costs later in  
30 life.

31 (10) Additionally, through education finance reform, California  
32 has increased accountability strategies for local educational  
33 agencies that highlight the need for schools to address important  
34 health-related indicators, such as chronic absenteeism.

35 (11) School-based health centers serve as an effective foundation  
36 upon which schools and communities can build and implement a  
37 community schools strategy providing a range of wrap-around  
38 services to students and their families.

39 (b) It is the intent of the Legislature to support existing school  
40 health centers and expand the number of health centers in

1 California and that funds should be placed within the School-Based  
2 Health and Education Partnership Program, as defined under  
3 Article 10 (commencing with Section 124174) of Chapter 3 of  
4 Part 2 of Division 106 of the Health and Safety Code.

5 *SEC. 5. Section 3.5 of this bill incorporates amendments to*  
6 *Section 124174.6 of the Health and Safety Code proposed by both*  
7 *this bill and Assembly Bill 766. It shall only become operative if*  
8 *(1) both bills are enacted and become effective on January 1, 2016,*  
9 *(2) each bill amends Section 124174.6 of the Health and Safety*  
10 *Code, and (3) this bill is enacted after Assembly Bill 766, in which*  
11 *case Section 3 of this bill shall not become operative.*